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INFO RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE
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RUEHRC/DEPT OF AGRICULTURE WASHDC
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RHMCSUU/FAA NATIONAL HQ WASHINGTON DC
RHMCSUU/FBI WASHINGTON DC
RHHMUNA/HQ USPACOM HONOLULU HI
RHMCSUU/HQ USSOCOM MACDILL AFB FL
RHHJJAA/JICPAC HONOLULU HI
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RUEANQA/NGA HQ BETHESDA MD
RHMCSUU/NGIC INTEL OPS CHARLOTTESVILLE VA
RHEHNSC/NSC WASHDC
RHEHAAA/WHITE HOUSE WASHDC

UNCLAS SECTION 01 OF 04 NEW DELHI 001671

SENSITIVE
SIPDIS

HHS FOR OGHA AND PASS TO ANNE CUMMINGS AND DANIEL MILLER
CDC ATLANTA FOR CCID AND PASS TO NANCY COX, STEPHEN BLOUNT, ANN MOE
AND STEVE REDD
PASS TO NIH FOR ROGER GLASS, THOMAS MAMPILLY, JAMES HEDDINTON AND
GRAY HANDLEY
PASS TO FDA FOR MAC LUMPKIN AND MARY LOU VALDEZ
PASS TO AIAG FOR AMBASSADOR ROBERT LOFTIS, HELEN REED ROWE, AND
CRAIG SHAPIRO
USDA PASS APHIS AND FAS
DOT PASS SHATLEY
FAA PASS TNASKOVIK

E.O. 12958: N/A

TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#) [PINR](#)
AMGT, MG, EAGR, EAIR, ECON, PREL, SOCI, IN
SUBJECT: INDIA - FIRST PANDEMIC H1N1 DEATHS

REF: A. NEW DELHI 860

[1](#)B. NEW DELHI 879

[1](#)C. HYDERABAD 63

[1](#)D. NEW DELHI 1286

[1](#)E. STATE 82155

[1](#)1. (SBU) SUMMARY: India experienced its first confirmed pandemic H1N1 influenza related death on 3 August, and has had a total of seven reported deaths over the past week. The number of positive cases rose to 959 as of 10 August. The Ministry of Health and Family Welfare (MOH) has announced new home quarantine procedures for self-reporting patients, though incoming air travelers reporting flu-like symptoms will still be subject to quarantine in a government facility. Under Indian law, state governments retain primary control for dealing with the outbreak and some are clashing with central government recommendations. The Government of India (GOI) is pushing to produce its own pandemic H1N1 vaccine by September, as well as exploring potential new sources for a key Tamiflu ingredient. Significant U.S. Mission intervention has resulted in much improved, albeit spartan, government quarantine facilities. The Mission is reviewing tripwires and procedures in light of lessons learned. END SUMMARY

FIRST DEATH INCITES PUBLIC PANIC, CASES CONTINUE TO RISE

¶2. (U) On Monday August 3, a 14-year-old girl who had presented with severe illness and was misdiagnosed as having pneumonia died from H1N1-related complications in Pune. Since then, the MOH has confirmed three additional deaths in Pune, one in Mumbai, one in Chennai, and one in Gujarat (a U.S. LPR) for a total of seven pandemic H1N1-related deaths as of 10 August. Following the highly publicized deaths, and exaggerated newspaper accounts of potential H1N1 risks, hospitals have reported being overwhelmed with the worried well. In Mumbai, for example, Kasturba Hospital noted that over 600 people had self-reported for testing in recent days. Many of the patients told the press that while they lacked symptoms or their private practice doctors did not believe they had H1N1, newspaper stories had prompted them to seek testing and treatment in order to "not take chances." The number of samples has increased sufficiently to overwhelm one of the two government-approved testing facilities; the GOI previously claimed that additional laboratories would be made available for diagnostic testing, but Mission has seen no indications this has actually happened.

¶3. (U) The number of cases continues to rise rapidly, with a total of 959 as of Monday 10 August. An Embassy review of MOH reports suggests an increasing trend towards in-country contact transmission over imported cases. Data on the recent deaths is not yet clear, though in at least some of the cases underlying co-morbid conditions contributed to the fatalities. In addition, diagnostic test results are being impacted in some areas by the normal flu season. Some of the severe cases tested for pandemic H1N1 are coming back positive

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for seasonal influenza, forcing the GOI to reexamine its assumptions about the danger of seasonal flu outbreaks and somewhat complicating the public health response effort to pandemic H1N1. (NOTE: Northern India has bi-modal influenza season that typically peaks in July-August and again in November-December, while Southern India has year-round flu with smaller peaks in November-December. END NOTE)

NEW HOME QUARANTINE GUIDELINES, INTERNAL TRAVEL RESTRICTIONS

¶4. (SBU) The MOH released on August 6 new quarantine guidelines directing that for self-reporting patients, a designated medical officer at a government facility will conduct a clinical assessment and decide on the need for testing. Except in cases of severe illness, the patient will be allowed to await results at home. If the sample tests positive for H1N1 and the symptoms are mild, the patient will be given the option of admission into the hospital or home isolation and treatment. Patients opting to stay at home will be provided with detailed guidelines and safety measures to be followed by the entire household. The designated medical officer will have the final decision regarding hospital admission requirements. According to Embassy contacts, the MOH internally discussed discontinuing airport health screening procedures because they are ineffective at preventing the spread of pandemic H1N1. However, press leaks about the conversation created a political uproar and they were forced to step back and declare that screening would continue. (NOTE: This example of political pressure interfering with medically sound practice is not isolated, and we expect politics will continue to exert a heavy hand, and even trump medical facts, in India's responses to the pandemic. END NOTE)

¶5. (SBU) Despite the new GOI guidelines, State governments continue to make their own decisions about quarantine procedures.

-- In Chennai the Director of Public Health invalidated the MOH's guidelines and said his state would continue their quarantine procedures.

-- Hyderabad continues to follow the previous quarantine procedures.

-- In the state of Jharkhand, media reports in general are sensationalized, particularly in one case where a patient with a positive test was reported to have gone missing. The Jharkhand state government, currently under president's rule since it cannot form a government, sent contradictory messages about whether or not the patient was under quarantine.

-- Following India's first pandemic H1N1 death, the Government of

Maharashtra invoked the Epidemic Act in Pune and Satara, which allows health authorities to forcibly admit and quarantine suspected H1N1 patients. With state assembly elections scheduled in October, it appears unlikely that the State of Maharashtra will heed the GOI's dictates for handling and treating pandemic H1N1 patients. In addition, the State of Maharashtra issued guidelines for schools which explain that H1N1 came to India "through tourism" and that children who have traveled and have flu symptoms should report to

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the designated public quarantine hospital, Kasturba, for testing, but that others should be treated at home. Local press reports the voluntary closure of some local schools after a student tested positive for H1N1.

¶6. (U) The GOI has issued no further travel restrictions. However, the Tamil Nadu State Government issued a travel advisory this week warning people to avoid the districts of Pune and Satara in Maharashtra.

PUSHING FOR INDIGENOUS VACCINE AND TREATMENT OPTIONS, BUT NERVOUS ABOUT QUALITY

¶7. (SBU) India has accelerated its efforts to develop an indigenous pandemic H1N1 vaccine. In addition to working with an imported H1N1 strain, the GOI has approved three companies - Bharat Biotech, the Serum Institute, and Panacea Biotech - to develop vaccines. Two of those companies have reportedly assured Dr. Srivastava, Director General of Health Services (DGHS,) that they would be able to produce the vaccine in India by the end of September. Recent ESTOFF conversations with Dr. Sumathy, Associate Director R&D of Bharat biotech, and an ESTOFF visit to the Panacea Biotech facility suggest that while both are actively and intensely engaged in H1N1 vaccine development, neither have a definite timeline for completion of the vaccines or associated safety and efficacy testing.

¶8. (SBU) Prof. Ramanan Uma Shankar from the Department of Crop Physiology at the University of Agricultural Science, Bangalore claims to have discovered in the Indian Western Ghats seven plants whose leaves produce shikimic acid, a key ingredient used to make Tamiflu. Professor Shankar told ESTOFF that only 100 Kg of leaves were required to produce 5 Kg of shikimic acid, and that these new sources would result in a more sustainable and less expensive process. The veracity of this reported discovery remains to be seen.

¶9. (SBU) Despite their push for indigenous treatment capabilities, GOI officials have also indicated to EMBOFFs that they are worried about the quality of home-grown diagnostic reagents that would be used for identification of the virus. The officials indicated they would prefer to either acquire the reagents from U.S. companies at a lower cost, or to be given a waiver of patent rights so that they can produce the proven reagents themselves. (NOTE: This is not a new request. The GOI has consistently held that patent waivers and/or low cost medications and vaccines should be made available for developing nations like India to deal with pandemics and other health and disease concerns. END NOTE)

MISSION HELPED IMPROVE HOSPITAL CONDITIONS, STILL NOT THE TAJ

¶10. (U) On a positive note, active intervention by the Mission with the Central and State governments has directly resulted improved

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government hospital quarantine facilities. While the facilities remain very basic by U.S. standards, they now generally follow better hygiene practices, and the staffs have improved their patient interaction practices to prevent miscommunications and cultural misunderstandings. In addition, many of the facilities have become much more proactive about contacting Mission staff about pandemic H1N1 cases involving potential American Citizens. Mission remains engaged with Indian government officials, as well as other foreign missions, on these issues.

MISSION ACTIVITIES

¶11. (SBU) Mission is reviewing procedures, including pandemic tripwires, internal Mission education practices, and external websites for public dissemination of information, in response to our lessons learned and Reftel E State guidance. In addition, our Public Affairs section continues a timely campaign to educate the Indian media on how to accurately report on pandemic diseases. Mission Medical Officers have been in touch with representatives from our American Schools in New Delhi and Mumbai to clarify testing and treatment options, including school closures.

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